



## Firefighters/Paramedics Interpretive Report

MMPI®-2

The Minnesota Report™: Revised Personnel System, 3rd Edition

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Name: Valeria F.  
ID Number: 2535  
Age: 32  
Gender: Female  
Years of Education: 12  
Date Assessed: 1/31/14

### Standard Level Addiction Potential



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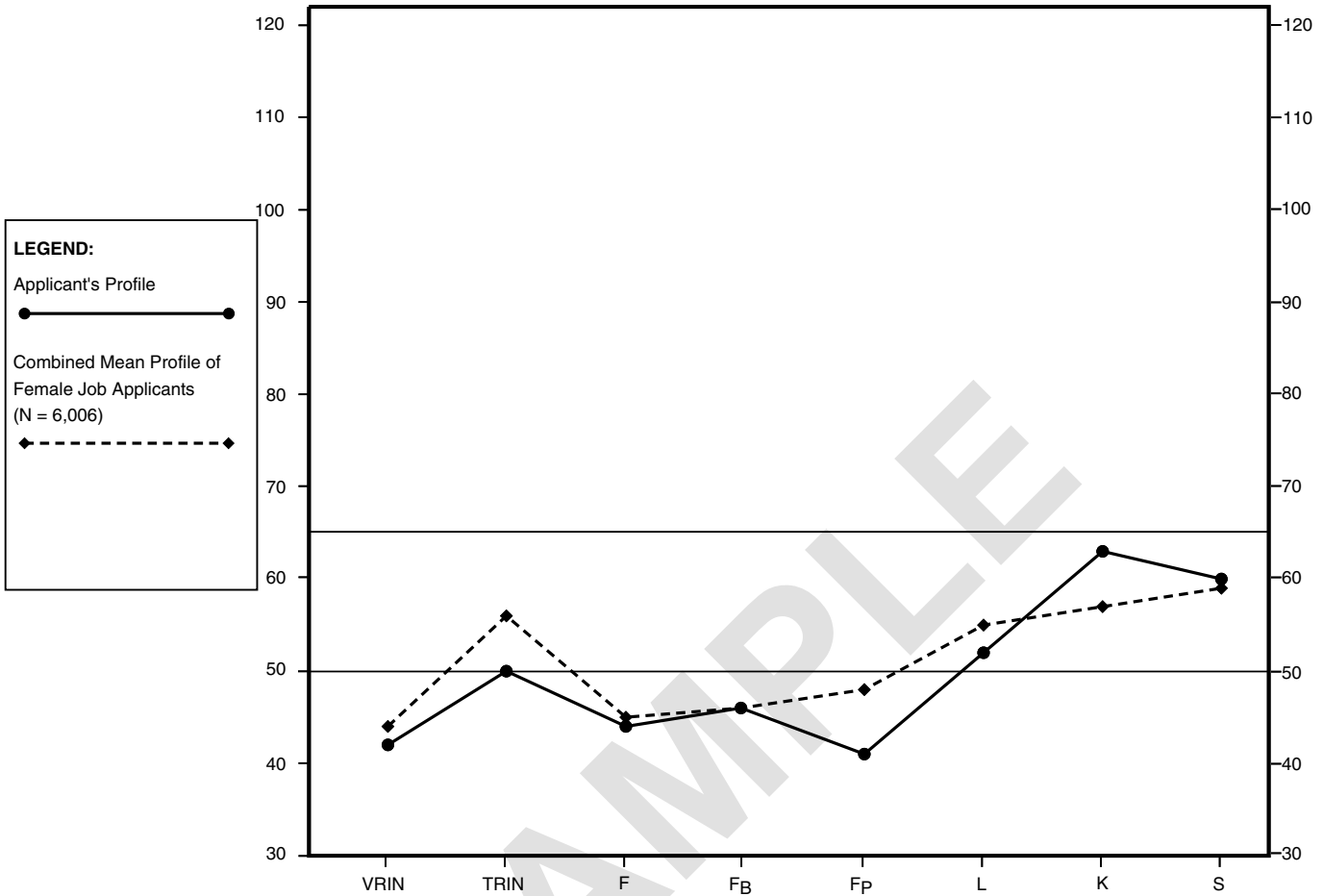
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[ 7.9 / 1 / QG ]

### MMPI-2 VALIDITY PATTERN



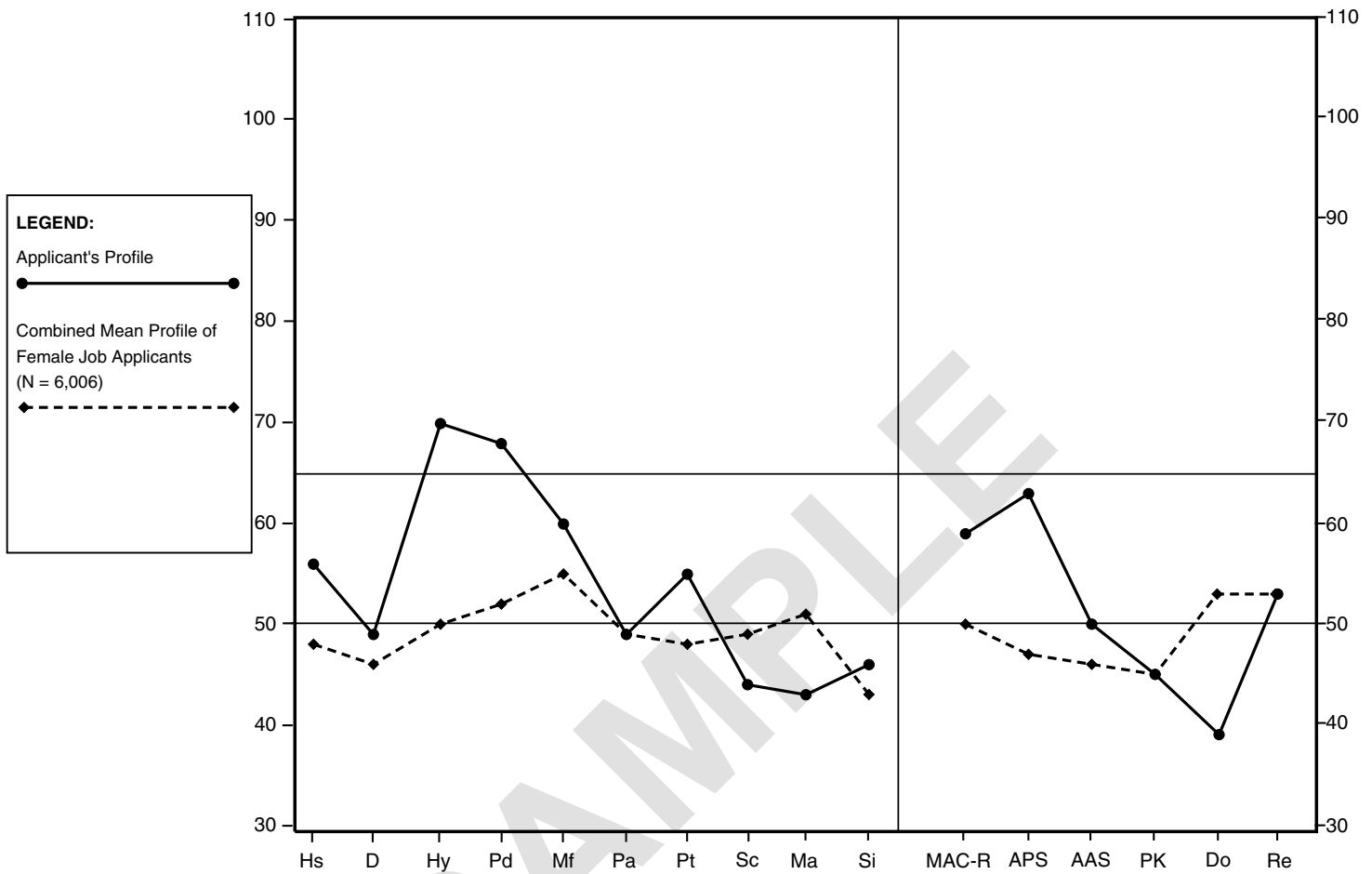
General Applicant  
 Sample Mean Score: ..... 44    56    45    46    48    55    57    59  
 Firefighter/Paramedic  
 Sample Mean Score: ..... \*Data For Women Firefighters/Paramedics Are Not Available

<b>Applicant's Raw Score:</b> .....	<b>3</b>	<b>9</b>	<b>2</b>	<b>1</b>	<b>0</b>	<b>4</b>	<b>21</b>	<b>34</b>
<b>Applicant's T Score:</b> .....	<b>42</b>	<b>50</b>	<b>44</b>	<b>46</b>	<b>41</b>	<b>52</b>	<b>63</b>	<b>60</b>
Non-Gendered T Score: .....	42	50	43	46	42	52	62	60
Response %: .....	100	100	100	100	100	100	100	100

Cannot Say (Raw):            0  
 Percent True:                30  
 Percent False:               70

	Raw Score	T Score	Resp. %
S1 -Beliefs in Human Goodness	12	61	100
S2 -Serenity	7	56	100
S3 -Contentment with Life	5	58	100
S4 -Patience/Denial of Irritability	5	53	100
S5 -Denial of Moral Flaws	4	53	100

### MMPI-2 CLINICAL AND SUPPLEMENTARY SCALES PROFILE



General Applicant  
Sample Mean Score: ..... 48 46 50 52 55 49 48 49 51 43 50 47 46 45 53 53  
Firefighter/Paramedic  
Sample Mean Score: ..... \*Data For Women Firefighters/Paramedics Are Not Available

<b>Applicant's Raw Score:</b>	5	20	31	22	32	10	9	2	12	23	22	28	2	5	13	22
K Correction Score:	11			8			21	21	4							
<b>Applicant's T Score:</b>	56	49	70	68	60	49	55	44	43	46	59	63	50	45	39	53
Non-Gendered T Score:	58	52	72	68		49	56	44	42	47	55	63	48	45	38	54
Response %:	100	100	100	100	100	100	100	100	100	100	100	100	100	100	100	100

[V.1.2]

Welsh Code: 3'4+5-17/26089: K-L/F:

Profile Elevation: 54.3



## PROFILE VALIDITY

This is a valid MMPI-2 profile. The applicant's responses on the validity scales suggest that she cooperated with the evaluation enough to provide useful interpretive information. The resulting clinical profile appears to be an adequate indication of her present personality functioning.

## PERSONAL ADJUSTMENT

The applicant is somewhat overcontrolled and overly optimistic, attempting to deny problems by claiming that everything is fine. She is somewhat dependent and rather nonassertive. She avoids interpersonal conflict and tends to assert control indirectly, seeking reassurance and attention from others. She may avoid responsibility under stress by developing sudden but vague physical symptoms. In addition, she tends to have little insight into her behavior.

She is somewhat reluctant to view herself in traditionally feminine ways.

In addition, the following description is suggested by the content of this applicant's responses. She may avoid confrontation and ignore problems to avoid alienating other people. She may be somewhat naive in the way she deals with people.

## INTERPERSONAL RELATIONS

Such individuals are socially outgoing but tend to interact superficially and express negative feelings indirectly. This individual is somewhat dependent and rather passive, and she seeks attention and reassurance. She tends to minimize problems rather than confront them.

She appears to be quite comfortable in social relationships. She shows little social anxiety and tends to view herself as outgoing and sociable.

## PROFILE FREQUENCY

It is usually valuable in MMPI-2 clinical profile interpretation to consider the relative frequency of a given profile pattern in various settings. An elevated score on the Hy scale was found in 10.5% of the MMPI-2 normative sample of women (N = 1,462). However, the elevated Hy scale T score was greater than or equal to 65 for only 3.76% of the normative sample of women. This high MMPI-2 profile configuration (3-4/4-3) is very rare in samples of normals. It occurred in less than 1% of the MMPI-2 normative sample of women. This high-point score on the Hysteria scale, at this level of profile elevation, was obtained by less than 1% of the women in the firefighter/paramedic applicant database (Pearson Assessments Archival Data, 1994).

## CONTEMPORARY PERSONNEL BASE RATE INFORMATION

Additional contemporary profile frequency information is available to serve as a basis for interpreting firefighter/paramedic applicants' profiles. This profile pattern is somewhat more frequent than other single-scale spikes in personnel settings. The interpreter should conduct a careful examination of the applicant's work history for behavioral problems because this pattern can sometimes occur with an overzealous and unrealistic positive self-presentation. An examination of the relative frequency of profile peaks in educational/personnel selection samples can help practitioners interpret individual profiles. In the Pearson Assessments (Butcher et al., 2000) combined educational/personnel selection sample (N = 6,006 females), this MMPI-2 high-point clinical scale score (Hy) occurs in 11.8% of the women when elevation is not considered. Moreover, 4.5% have the Hy scale spike at or above a T score of 65 with a well-defined score. This elevated MMPI-2 profile code (3-4/4-3) is the second most frequent code type found in female applicants--it is found in 8.9% of the women in the Pearson Assessments (Butcher et al., 2000) combined personnel sample (N = 6,006 females) when elevation is not evaluated and in 1.4% of cases that have well-defined profiles at or above a T of 65. Careful examination of the applicant's work history for behavioral problems is suggested.

## PROFILE STABILITY

The relative elevation of her clinical scale scores suggests that her profile is not as well defined as many other profiles. That is, her highest scale or scales are very close to her next scale score elevations. There could be some shifting of the most prominent scale elevations in the profile code if she is retested at a later date. The difference between the profile type used to develop the present report and the next highest scale in the profile code was 2 points. So, for example, if the client is tested at a later date, her profile might involve more behavioral elements related to elevations on Pd. If so, then on retesting, acting-out, aggressive, and irresponsible behavior might become more prominent.

## POSSIBLE EMPLOYMENT PROBLEMS

Her MMPI-2 profile is elevated in the clinical range and suggests the possibility of psychological adjustment problems. Fire department applicants generally do not show the pattern of rigidity, dependency, and passivity reflected in this MMPI-2 profile. The employment interview should focus on her typical response to stress and the possibility that she will develop somatic concerns under conditions of high stress.

It is possible that this applicant's personality style of denial, glossing over problems, and overreacting to stress with physical symptoms will make it difficult for her to adjust to some work environments. High pressure or highly competitive situations may produce adverse somatic responses.

## CONTENT THEMES

MMPI-2 content themes may serve as a source of hypotheses for further investigation. These content themes summarize similar item responses that appear with greater frequency with this applicant than with most people.

She may not deal effectively with anger if provoked.

She may have irresponsible attitudes.

She may sometimes disregard rules when it suits her.

She may tend to question supervisory decisions.

SAMPLE

**ADDITIONAL SCALES**

	Raw Score	T Score	Non-Gendered T Score	Resp %
<b>Personality Psychopathology Five (PSY-5) Scales</b>				
Aggressiveness (AGGR)	6	46	44	100
Psychoticism (PSYC)	2	46	45	100
Disconstraint (DISC)	8	44	41	100
Negative Emotionality/Neuroticism (NEGE)	10	48	49	100
Introversion/Low Positive Emotionality (INTR)	11	50	50	100
<b>Supplementary Scales</b>				
Anxiety (A)	5	42	42	100
Repression (R)	17	52	53	100
Ego Strength (Es)	38	57	54	100
Hostility (Ho)	10	41	41	100
<b>Harris-Lingoes Subscales</b>				
Depression Subscales				
Subjective Depression (D <sub>1</sub> )	6	46	47	100
Psychomotor Retardation (D <sub>2</sub> )	6	51	53	100
Physical Malfunctioning (D <sub>3</sub> )	3	48	50	100
Mental Dullness (D <sub>4</sub> )	2	48	48	100
Brooding (D <sub>5</sub> )	2	47	49	100
Hysteria Subscales				
Denial of Social Anxiety (Hy <sub>1</sub> )	6	61	62	100
Need for Affection (Hy <sub>2</sub> )	12	71	71	100
Lassitude-Malaise (Hy <sub>3</sub> )	2	47	47	100
Somatic Complaints (Hy <sub>4</sub> )	5	57	59	100
Inhibition of Aggression (Hy <sub>5</sub> )	4	54	55	100
Psychopathic Deviate Subscales				
Familial Discord (Pd <sub>1</sub> )	1	44	44	100
Authority Problems (Pd <sub>2</sub> )	4	61	57	100
Social Imperturbability (Pd <sub>3</sub> )	5	58	58	100
Social Alienation (Pd <sub>4</sub> )	5	54	55	100
Self-Alienation (Pd <sub>5</sub> )	6	63	63	100
Paranoia Subscales				
Persecutory Ideas (Pa <sub>1</sub> )	1	45	46	100
Poignancy (Pa <sub>2</sub> )	1	40	40	100
Naivete (Pa <sub>3</sub> )	8	65	65	100



	Raw Score	T Score	Non-Gendered T Score	Resp %
<b>Schizophrenia Subscales</b>				
Social Alienation (Sc <sub>1</sub> )	0	38	38	100
Emotional Alienation (Sc <sub>2</sub> )	1	49	49	100
Lack of Ego Mastery, Cognitive (Sc <sub>3</sub> )	0	43	42	100
Lack of Ego Mastery, Conative (Sc <sub>4</sub> )	1	44	44	100
Lack of Ego Mastery, Defective Inhibition (Sc <sub>5</sub> )	0	40	40	100
Bizarre Sensory Experiences (Sc <sub>6</sub> )	0	41	41	100
<b>Hypomania Subscales</b>				
Amorality (Ma <sub>1</sub> )	2	54	52	100
Psychomotor Acceleration (Ma <sub>2</sub> )	3	40	39	100
Imperturbability (Ma <sub>3</sub> )	3	50	48	100
Ego Inflation (Ma <sub>4</sub> )	2	43	43	100
<b>Social Introversion Subscales (Ben-Porath, Hostetler, Butcher, &amp; Graham)</b>				
Shyness/Self-Consciousness (Si <sub>1</sub> )	4	46	47	100
Social Avoidance (Si <sub>2</sub> )	3	51	50	100
Alienation--Self and Others (Si <sub>3</sub> )	2	41	41	100
<b>Content Component Scales (Ben-Porath &amp; Sherwood)</b>				
<b>Fears Subscales</b>				
Generalized Fearfulness (FRS <sub>1</sub> )	0	42	43	100
Multiple Fears (FRS <sub>2</sub> )	10	70	73	100
<b>Depression Subscales</b>				
Lack of Drive (DEP <sub>1</sub> )	2	50	51	100
Dysphoria (DEP <sub>2</sub> )	1	47	48	100
Self-Depreciation (DEP <sub>3</sub> )	1	47	48	100
Suicidal Ideation (DEP <sub>4</sub> )	0	45	46	100
<b>Health Concerns Subscales</b>				
Gastrointestinal Symptoms (HEA <sub>1</sub> )	0	43	44	100
Neurological Symptoms (HEA <sub>2</sub> )	2	50	52	100
General Health Concerns (HEA <sub>3</sub> )	1	48	49	100
<b>Bizarre Mentation Subscales</b>				
Psychotic Symptomatology (BIZ <sub>1</sub> )	0	44	44	100
Schizotypal Characteristics (BIZ <sub>2</sub> )	1	47	48	100
<b>Anger Subscales</b>				
Explosive Behavior (ANG <sub>1</sub> )	0	39	39	100
Irritability (ANG <sub>2</sub> )	2	44	45	100
<b>Cynicism Subscales</b>				
Misanthropic Beliefs (CYN <sub>1</sub> )	1	37	37	100
Interpersonal Suspiciousness (CYN <sub>2</sub> )	1	40	40	100

	Raw Score	T Score	Non-Gendered T Score	Resp %
<b>Antisocial Practices Subscales</b>				
Antisocial Attitudes (ASP <sub>1</sub> )	1	36	36	100
Antisocial Behavior (ASP <sub>2</sub> )	0	42	41	100
<b>Type A Subscales</b>				
Impatience (TPA <sub>1</sub> )	1	40	40	100
Competitive Drive (TPA <sub>2</sub> )	1	40	39	100
<b>Low Self-Esteem Subscales</b>				
Self-Doubt (LSE <sub>1</sub> )	2	48	49	100
Submissiveness (LSE <sub>2</sub> )	1	45	47	100
<b>Social Discomfort Subscales</b>				
Introversion (SOD <sub>1</sub> )	3	46	46	100
Shyness (SOD <sub>2</sub> )	4	55	57	100
<b>Family Problems Subscales</b>				
Family Discord (FAM <sub>1</sub> )	1	38	39	100
Familial Alienation (FAM <sub>2</sub> )	1	50	50	100
<b>Negative Treatment Indicators Subscales</b>				
Low Motivation (TRT <sub>1</sub> )	1	46	47	100
Inability to Disclose (TRT <sub>2</sub> )	0	38	38	100

Uniform T scores are used for Hs, D, Hy, Pd, Pa, Pt, Sc, Ma, the content scales, the content component scales, and the PSY-5 scales. The remaining scales and subscales use linear T scores.

## WORK DYSFUNCTION ITEMS

The following items may be significant in understanding the client's work performance. These items have been found to be related to dysfunctional attitudes or negative behavior in employment situations. Although these items may serve as a source of hypotheses for further investigation, caution should be used in interpreting individual items because the respondent may have misread the item or inadvertently marked the wrong answer.

Any Work Dysfunction items she endorsed are listed below with the direction of her endorsement indicated in parentheses. The endorsement percentages of different reference groups are presented in brackets following the item. The first number "N" is the percentage of the MMPI-2 normative sample who endorsed that item in the scored direction. The second number "P" is the percentage of individuals in the large job applicant sample (Pearson Assessments, 1995) who endorsed the item in the scored direction.

- 73. Item Content Omitted. (True) [N = 28%, P = 17%]
- 339. Item Content Omitted. (True) [N = 43%, P = 37%]
- 409. Item Content Omitted. (True) [N = 54%, P = 38%]
- 509. Item Content Omitted. (True) [N = 43%, P = 30%]
- 521. Item Content Omitted. (False) [N = 38%, P = 28%]
- 545. Item Content Omitted. (True) [N = 44%, P = 27%]



### Special Note:

The content of the test items is included in the actual reports. To protect the integrity of the test, the item content does not appear in this sample report.

## End of Report

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NOTE: This MMPI-2 report can serve as a useful guide for employment decisions in which personality adjustment is considered important for success on the job. The decision rules on which these classifications are based were developed through a review of the empirical literature on the MMPI and MMPI-2 with normal-range individuals (including job applicants) and the author's practical experience using the test in employee selection. The report can assist psychologists and physicians involved in personnel selection by providing an "outside opinion" about the applicant's adjustment. The MMPI-2 should NOT be used as the sole means of determining the applicant's suitability for employment. The information in this report should be used by qualified test interpretation specialists only.

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